



EMOTIONAL SUPPORT ANIMAL REQUEST

Emotional Support Animals may travel at no charge if they meet the requirements, stated in proper documentation before they travel.

- 1 emotional support animal per person
- Animal must be a cat or a dog
- Animal must be clean and well-behaved

ANIMAL BEHAVIOUR

Emotional support animals must be trained to behave properly in public and will not be permitted on board if they display any form of disruptive behavior, including but not limited to:

- Jumping up, on, or at people
- Lunging at people
- Growling or excessive barking
- Biting or any attempt to bite

Emotional support animal must always be in your control, by leash/harness/carrier.

ADVANCE NOTICE

To travel with an emotional support animal, you must submit all required documentation at least 72 hours prior to your travel date. All necessary forms and documentation is outlined in this package.

Ebus will notify you via email upon documentation approval.

An approved ESA request is valid for 1 year from the date of Ebus approval

REQUIRED DOCUMENTS

You must complete, submit and receive approval of all 3 forms before your emotional support animal will be able to travel:

Mental Health Professional Form

Veterinary Health Form or vaccination record with current rabies information

Animal Behaviour Form

INSTRUCTIONS

- Read and complete all 3 forms
- Submit all 3 forms together at least 72 hours prior to travel to accessibility@redarrow.ca
- Keep original documents with you during your trip



EMOTIONAL SUPPORT ANIMAL REQUEST

MENTAL HEALTH PROFESSIONAL FORM

Travelers Full Name:

Below to be filled out by the mental health professional:

- *I am a licensed mental health professional treating the above individual for a mental health or emotional disability as recognized in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM).*
- *I certify that the above individual requires an animal as an accommodation for travel and/or at their destination.*

By signing this form, I understand that Ebus will use this information to determine my patient's ability and/or accommodations needed to travel safely. I accordingly certify that all information I have provided is complete, true and accurate to the best of my knowledge.

License Number:

Date License Issued:

Name of Practice:

Phone:

Name of Mental Health Professional:

Date:

Signature:

MENTAL HEALTH PROFESSIONAL FORM

Below to be filled out by the traveler:

- *By signing this form, I confirm that I reside in the same jurisdiction of the mental health professional above and that we have an ongoing professional relationship.*

Date:

Signature:



EMOTIONAL SUPPORT ANIMAL REQUEST

VETERINARY HEALTH FORM

Travelers Full Name:

Animal Information:

Name:

Breed:

Date of Rabies Vaccination:

Date of Distemper Vaccination:

By signing this form, I certify that all of the information I have provided is complete, true and accurate to the best of my knowledge.

License Number:

Date License Issued:

Name of Practice:

Phone:

Name of Veterinarian:

Date:

Signature:

OUR CORE VALUES:

Safety

Integrity

Loyalty

Respect



EMOTIONAL SUPPORT ANIMAL REQUEST

Travelers Full Name:

Street Address:

City:

Province:

Postal Code:

Country:

Email Address:

CONFIRMATION OF ANIMAL TRAINING

Animal Information:

Species:

Breed:

Sex:

Weight:

Check Box to Confirm:

I confirm that my animal has been trained to behave in a public setting and takes my direction upon command.

I understand that if my animal acts inappropriately, that it will be considered not acceptable for travel and will be denied boarding.

I understand that I will be solely responsible for any actions of my animal and/or damages caused by my animal.

Date:

Signature: